DEPARTMENT OF PHYSIOLOGY AND HEALTH SCIENCE SCHOLARSHIPS AND AWARDS APPLICATION

BALL STATE UNIVERSITY

Deadline
12:00 Noon
Tuesday, February 8, 2013

Instructions:

1. Complete the Application online
2. Print and sign the Application and attach the required documents, as listed at the end of the application.
3. Submit your completed application and attached documents to:

Honors and Awards Selection Committee
Department of Physiology and Health Science
Cooper Science Building, CL325
Ball State University
Muncie, IN 47306

I. Scholarships/Awards

(Please check all Scholarships/Awards for which you wish to be considered. Only the scholarships that require an application are listed. The committee cannot consider a student for a scholarship unless the student has applied for that scholarship.)

Undergraduate Health Science

- ☐ McKenzie-Walkup Book Scholarship
- ☐ McKenzie-Walkup Intern Scholarship
- ☐ James F. McKenzie Scholarship for Non-Traditional Students (Awarded to eligible undergraduates 25 years of age or older.)
- ☐ Russell E. Siverly Memorial Research Award
- ☐ Robert H. and Esther L. Cooper Science Scholarship
- ☐ Sherri Hittson Memorial Scholarship
- ☐ The Zeberl Family Scholarship
- ☐ William Bock Health Education Scholarship
- ☐ Charles R. Carroll Health Education Scholarship

Graduate Health Science

- ☐ Charles R. Carroll Health Education Scholarship
- ☐ Elizabeth A. Neilson and George H. Neilson Scholarship
- ☐ Robert H. and Esther L. Cooper Science Scholarship
- ☐ Russell E. Siverly Memorial Research Award
- ☐ The Zeberl Family Health Education Scholarship
- ☐ William Bock Health Education Scholarship

Undergraduate Physiology

- ☐ Robert H. and Esther L. Cooper Science Scholarship
- ☐ Russell E. Siverly Memorial Research Award

Graduate Physiology

- ☐ Robert H. and Esther L. Cooper Science Scholarship
- ☐ Russell E. Siverly Memorial Research Award

II. Personal Information

Name _____ _____ ___ **E-mail** _____

Last *First* *MI*

Current Address _____ _____ **Current Phone** _____

Street Address *Apt.*

_____ ___ _____

City *State* *Zip Code*

Permanent Address _____ _____ **Permanent Phone** _____

Street Address *Apt.*

_____ ___ _____

City *State* *Zip Code*

III. Academic Information

Current Major(s) _____ **GPA** _____

Current Minor(s) _____ **GPA** _____

Year in School _____ **Overall GPA** _____ **Anticipated date of BSU Graduation** _____

Completed Degree(s) _____

Major(s) _____ **GPA** _____

Minor(s) _____ **GPA** _____

College/University _____

Graduation Date _____ **Overall GPA** _____

List any *academic* honors or awards you have received:

IV. Professional Activities and Involvement

*List **health science** or **physiology** related extra-curricular activities in which you have participated (volunteer experiences, work in schools, agencies, honorary societies, etc.).*

Name of Organization	Position or Office	Date

*List and describe employment, internship, or practicum experience you have had in the **health science** or **physiology** area.*

Employer/Agency _____ **Dates of Employment** _____ to _____

Describe your basic responsibilities and tasks

Employer/Agency _____ **Dates of Employment** _____ to _____

Describe your basic responsibilities and tasks

V. Statement of Professional Contribution

Describe any contributions you have made to promote school, community, public, or environmental health or physiology.

VI. Additional Information

If applying for the Robert H. and Esther L. Cooper Science Scholarship, please make a statement concerning your use of tobacco, alcohol, and illegal drugs.

List two professional references below, at least one a department faculty member.

Name	Title	Business/Organization	Phone	E-mail

VII. Applicant Statements

Please read the following statement carefully.

If I am selected to receive a scholarship/award*, I understand and give permission for the following: Release of my information and photograph along with information about the respective scholarship/award by the Department of Physiology and Health Science and/or Ball State University Marketing and Communications to my hometown newspaper and the department's Web site, display board, and alumni newsletter.

Applicant's Signature _____ **Date** _____

**Upon receipt of award/scholarship, student will receive a photo release form and a hometown newspaper informational form to be completed and returned to the Department of Physiology and Health Science.*

Attach the following documents:

1. CURRENT RESUMÉ
2. CURRENT DAPR and/or TRANSCRIPT

For the Siverly Award

1. Research Proposal

For James F. McKenzie Scholarship for Non-Traditional Students

1. Student must have filed a FAFSA with the Scholarship and Financial Aid office in order for eligibility to be determined, as the award is based upon financial need.

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